



PROVIDER INVOICE

ILLINOIS DEPARTMENT OF PUBLIC AID

IDPA USE ONLY

ELITE ☐ ☐ ☐ PICA ☐ ☐ ☐

TYPEWRITER ALIGNMENT
USE CAPITAL LETTERS ONLY

ELITE ☐ ☐ ☐ PICA ☐ ☐ ☐

NNN

| | | | | | | |
|---------------------------------------|---|----------------------|---|----------------------|----------------------|-----------------------|
| 1. Provider Name (First, Last) | 2. Provider Number | 3. Payee | 4. Group | 5. Role | 6. Acc/Inj | 7. Provider Reference |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8. Provider Street | 9. Facility & City Where Service Rendered | | | | 10. Prior Approval | |
| <input type="text"/> | <input type="text"/> | | | | <input type="text"/> | |
| 11. Provider City | State | Zip | 12. Referring Practitioner Name (First, Last) | | 13. Ref. Prac. No. | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> | |
| 14. Recipient Name, (First, MI, Last) | 15. Recipient Number | 16. Birthdate | 17. H. Kids | 18. Fam Plan | 19. Cr Child | 20. St/Ab |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 22. Primary Diagnosis | | | | | 23. Prefix | 24. Diag. Code |
| <input type="text"/> | | | | | <input type="text"/> | <input type="text"/> |
| 25. Secondary Diagnosis | | | | | 26. Prefix | 27. Diag. Code |
| <input type="text"/> | | | | | <input type="text"/> | <input type="text"/> |

28. Service Sections

| | Procedure Description / Drug Name, Form, and Strength or Size | Proc. Code / Drug Item No. | Delete |
|---|--|----------------------------|-------------------------------------|
| 1 | <input type="text"/> | <input type="text"/> | <input checked="" type="checkbox"/> |
| | Date of Service Cat. Serv. Place of Serv. Units / Quantity Modifying Units TPL Code Status TPL Amount Adjudication Date Provider Charge | | |
| | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| 2 | <input checked="" type="checkbox"/> Repeat <input type="text"/> | <input type="text"/> | <input checked="" type="checkbox"/> |
| | Date of Service Cat. Serv. Place of Serv. Units / Quantity Modifying Units TPL Code Status TPL Amount Adjudication Date Provider Charge | | |
| | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| 3 | <input checked="" type="checkbox"/> Repeat <input type="text"/> | <input type="text"/> | <input checked="" type="checkbox"/> |
| | Date of Service Cat. Serv. Place of Serv. Units / Quantity Modifying Units TPL Code Status TPL Amount Adjudication Date Provider Charge | | |
| | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| 4 | <input checked="" type="checkbox"/> Repeat <input type="text"/> | <input type="text"/> | <input checked="" type="checkbox"/> |
| | Date of Service Cat. Serv. Place of Serv. Units / Quantity Modifying Units TPL Code Status TPL Amount Adjudication Date Provider Charge | | |
| | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| 5 | <input checked="" type="checkbox"/> Repeat <input type="text"/> | <input type="text"/> | <input checked="" type="checkbox"/> |
| | Date of Service Cat. Serv. Place of Serv. Units / Quantity Modifying Units TPL Code Status TPL Amount Adjudication Date Provider Charge | | |
| | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| 6 | <input checked="" type="checkbox"/> Repeat <input type="text"/> | <input type="text"/> | <input checked="" type="checkbox"/> |
| | Date of Service Cat. Serv. Place of Serv. Units / Quantity Modifying Units TPL Code Status TPL Amount Adjudication Date Provider Charge | | |
| | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| 7 | <input checked="" type="checkbox"/> Repeat <input type="text"/> | <input type="text"/> | <input checked="" type="checkbox"/> |
| | Date of Service Cat. Serv. Place of Serv. Units / Quantity Modifying Units TPL Code Status TPL Amount Adjudication Date Provider Charge | | |
| | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |

29. OPTICAL MATERIALS ONLY

| | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| Right Sphere | Right Cylinder | Right Prism | Lens Type | Rx Type |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Left Sphere | Left Cylinder | Left Prism | Correction Change | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |

31. # Sects

32. Original DCN

33. Orig. Voucher #

| | | | | | |
|----------------------|----------------------|----------------------|-------------------------|----------------------|-------------------------|
| Sect. # | TPL Code | Status | TPL Amount | Adjudication Date | Total Charge |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| Sect. # | TPL Code | Status | TPL Amount | Adjudication Date | Total Deductions |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| Sect. # | TPL Code | Status | TPL Amount | Adjudication Date | Net Charge |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| Uncoded TPL Name | | | | | |
| <input type="text"/> | | | | | |

My signature certifies that: all entries on this claim are true, accurate and complete; the State's Medical Assistance Program pricing limits will be accepted as payment in full; any payments received from the patient or any other third party will be properly credited or paid to the Illinois Department of Public Aid; records necessary to fully disclose the nature and extent of services provided are maintained and will be made available upon request of State and Federal officials responsible for the various aspects of the State's Medical Assistance Program, as provided under Title XIX of the Social Security Act and applicable State statutes; I provided or directly supervised all services for which a charge appears; I understand payment is made from State and Federal funds and that any falsification or concealment of material fact may lead to appropriate legal action; in compliance with the Civil Rights Act of 1964, services were provided without discrimination on the grounds of race, color or national origin; and handicapped persons are afforded the rights and considerations specified in Section 504 of the Rehabilitation Act of 1973 and Part 84 of the Code of Federal Regulations.

Signature

Date